



## State of South Dakota

## Candidate's or Committee's Report of Receipts and Expenditures

Candidates and candidate committees: File in the office where you filed your nominating petition.

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office,  
500 E Capitol Ave., Pierre, SD 57501-5070RECEIVED  
MAY 30 2006  
S.D. SEC. OF STATE

See pages 9 &amp; 10 of the Guideline Book for specific instructions on completing this report.

Name of Candidate or Committee SD Conservative Action Council P.A.C.  
Complete Mailing Address 122 S Phillips Ave Ste 300 Sioux Falls SD 57104Name of Person Making Report Suzette Kirby Daytime Phone Number 605-331-0001If you are a candidate, what office are you seeking? - N/A

If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.

Type of Report (See pages 4 & 5 of Guideline Book) Pre-Primary ReportFor Reporting Period Ending (See pages 4 & 5 of Guideline Book) May 27, 2006*The following verification must be completed before submitting report.*

## VERIFICATION OF PERSON MAKING REPORT

I Suzette Kirby (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.Date: 5-27-2006Suzette Kirby  
Candidate Signature or  
Signature of Committee Treasurer or Chairperson

Revised July 2001

Filed this 30th day of  
May 06  
Chi Nelson  
SECRETARY OF STATE

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

\*\$ - 1 -

[illegible]

\*\$ 9,000.00

Name of Candidate or Committee: SD Conservative Action CouncilFor the reporting period ending: 5-27-2006**Summary Page**

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

1. Amount on hand, if any, at the beginning of the reporting period: \$ 0.00
2. Receipts
 

Schedule A - Direct Contributions	\$ <u>9,000</u>
Schedule B - Fund-Raising Events	\$ <u>0-</u>
Schedule C - In Kind Contributions	\$ <u>0-</u>
Schedule D - Other Income	\$ <u>0-</u>
Total of all Receipts	\$ <u>9,000</u>
3. Total Monetary Receipts (A+B+D) \$ 9,000
4. Candidate's Personal Contribution to Own Campaign \$ 0-
5. Monetary Loans to Candidate or Committee During Reporting Period \$ 0-
6. Monetary Loans Repaid During Reporting Period \$ 0-
7. Expenditures - Schedule E \$ 6031.76
8. Unpaid Obligations - Schedule F \$ 0-
9. Amount on hand at the close of this reporting period. \*  
This should equal lines (1+3+4+5) - (6+7) \$ 2968.24

## Schedule F - Debts and Obligations

[illegible]

**Total Obligations:** \$ -0-

## Schedule E – Expenditures

[illegible]

**Total Expenditures:** \$ 6031.76

**For the reporting period ending**

5-27-2006

### Unitemized Contributions from Political Parties:

\*\$ - 1

### Itemized Contributions from Political Parties

[illegible]

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

**Total of Itemized Contributions from Political Parties:**

\*§

**Itemized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be itemized.**

[illegible][illegible]**Total of Itemized Contributions from Political Action Committees:**

\*§

**Total of All Direct Contributions (Sum of all lines with an \*)**

\$ - 0 -

### Schedule B - Fund-Raising Events Proceeds

Type or Name of Event

### Net Proceeds

**Total: \$** 100

Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.

### Nature of Non-Cash Contribution

**Name, Residence Address &  
Place of Employment**

**Estimated Value**

**Total: \$** - 0 -

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

### Source of Income

Amount

**Total: \$** - 0 -